Gonorrhea (GC) and Verified GC Contacts Treatment

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY
Use the approved language in this standing order to create a customized standing order exclusively for your agency.
Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.
Standing order must include the effective start date and the expiration date.

Assessment

Subjective Findings*****

Clients may present with the following history:

- genital discharge with or without dysuria
- female genital itching or dyspareunia
- male intrameatal itching
- asymptomatic (most commonly female urogenital infections, and rectal and pharyngeal infections for both males and females

*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

Verified Partner Criteria

The STD ERRN or RN must assess, document and verify at least one of the three findings below before implementing treatment for an asymptomatic contact.

Recent (within 60 days) exposure to Gonorrhea, or if exposure greater than 60 days before onset of index patient's symptoms, partner(s) of last sexual encounter to Gonorrhea:

1. client presents a state or county issued partner referral card
2. client provides name of sexual partner(s) and public health nurse confidentially verifies diagnosis of named sexual partner by NC Electronic Disease Surveillance System (NC EDSS), or by calling the medical director or medical provider of named partner (index case)
3. a medical provider or Disease Intervention Specialist (DIS) refers client

Note: A STD screening examination is recommended in all of the above scenarios.

Objective Findings

Clinical documentation of at least one of the five criteria listed below:

1. Gram-negative intracellular diplococci (GNID) on a urethral smear obtained from a male
2. *N. gonorrhoeae* positively identified by Nucleic Acid Amplification Test (NAAT) from urine, vaginal, urethral, pharyngeal or rectal site of a male or female
3. *N. gonorrhoeae* presumptively identified on a culture ***and*** isolation of typical Gram-negative, oxidase-positive diplococci from a vaginal or male urethral culture
4. *N. gonorrhoeae* growth confirmed by the North Carolina State Lab of Public Health (NCSLPH), qualified local lab staff or a CLIA approved reference lab, as identified in local policy, from any pharyngeal or rectal GC culture.
5. Urethral discharge from a male client observed on clinical exam. Use of gram stains to guide treatment decisions remains the standard of care and should be utilized whenever possible to distinguish between GC and NGU.

Plan of Care

Implementation

A registered nurse employed or contracted by the local health department shall administer or dispense treatment for GC by standing order for verified contacts or when adequate objective findings listed above are documented in the medical record.

1. For any lab confirmed gonorrhea infection at any site administer **Ceftriaxone*** 500 mg IM as a single dose for persons weighing >45 kg (100 lbs) & <150 kg (300 lbs). For persons weighing ≥150 kg (300 lbs) treatment with 1 g of IM ceftriaxone should be administered.
2. For any verified contact of a gonorrhea case administer **Ceftriaxone*** 500 mg IM as a single dose for persons weighing >45 kg (100 lbs) & <150 kg (300 lbs) For persons weighing ≥150 kg (300 lbs), 1 g of IM ceftriaxone should be administered.
3. For empiric treatment (including empiric treatment of sex partners) or presumptive positive lab in non-pregnant clients when chlamydia has not been ruled out, administer **Ceftriaxone*** as listed in Plan of Care 1. AND **doxycycline** 100 mg orally twice daily for 7 days.

4. For any verified contact of a gonorrhea case where chlamydia has not been ruled out, administer **Ceftriaxone*** as listed in Plan of Care 1. AND **doxycycline** 100 mg orally twice daily for 7 days.
5. For treatment of pregnant clients when chlamydia has not been ruled out, administer **Ceftriaxone*** as listed in Plan of Care 1. AND **azithromycin** 1 gram orally in a single dose.

Ceftriaxone may be used in patients reporting allergy to penicillin IF the allergic response does NOT include anaphylaxis, Stevens-Johnson or toxic epidermal necrolysis.

- If the client has a history of anaphylaxis when given a penicillin and/or cephalosporin medication, contact a medical provider for a consult and/or individual treatment order.

Alternative regimens for uncomplicated gonococcal infections of the cervix, urethra, or rectum if ceftriaxone is not available: (check qualifiers for each regimen closely!)**

1. Gentamicin 240 mg IM as a single dose plus azithromycin 2 g orally as a single dose
   OR
2. Cefixime 800 mg orally as a single dose. If treating with cefixime, and chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.

**No reliable alternative treatments are available for pharyngeal gonorrhea. For persons with a history of a beta-lactam allergy, a thorough assessment of the reaction is recommended. For more information, see the current STD Treatment Guidelines. For persons with an anaphylactic or other severe reaction (e.g., Steven's Johnson syndrome) to ceftriaxone, consult an infectious disease specialist for an alternative treatment.

Nursing Actions

A. Provide:
   1. information about the diagnosis, both verbally and in written form.
   2. review the ordered laboratory tests and instructions for obtaining laboratory test results.
   3. client-centered STD education, both verbally and in written form.
   4. condoms and literature about risk reduction behavior.
   5. education about the relationship between STDs and HIV acquisition
B. Advise the client to:
   1. abstain from sexual intercourse for seven days after one-day treatment or until completion of a 7-day medication regimen
   2. consistently and correctly use condoms.
   3. use other disease prevention barrier methods, such as dental dams, if applicable
   4. notify sex partner(s) in order to prevent further spread of disease
   5. provide client with partner referral cards for all recent (within 60 days) sexual partner(s)
   6. if client's last sexual exposure was greater than 60 days before onset of symptoms, refer the most recent sexual partner(s) for examination, testing and treatment
   7. abstain from sexual intercourse with partner(s) until partner(s) completes treatment
   8. inform sex partner(s) they will be examined, tested and treated at the time of their clinic visit
   9. use back-up contraception while on medication and for seven days after completion of medication for female clients who take oral contraceptives
   10. disinfect diaphragm with 70% isopropyl (rubbing) alcohol if this is the client's method of birth control
   11. clean and cover sex toys, if applicable, to decrease transmission of infections
   12. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)
C. Counsel the client about the medication administered, dispensed, or prescribed:
   - Ceftriaxone, and/or
   - Doxycycline, and/or
   - Gentamicin, and/or
   - Cefixime, and/or
   - Azithromycin, and/or

   1. if single dose medication is vomited within 2 hours after taking oral medication or the medication is seen in the vomitus, return to the clinic as soon as possible

2. advise client that (s)he may experience side effects such as nausea, vomiting, cramps, diarrhea or headache
3. advise female client not to become pregnant while on Doxycycline
4. reinforce counseling by providing client with the appropriate medication teaching sheet

E. Additional Instructions
1. return to clinic if symptoms persist, worsen, or re-appear within two weeks after treatment
2. return to clinic if client develops oral temperature ≥ 101° F.
3. contact clinic if abdominal pain develops
4. contact clinic if testicular pain develops

F. Criteria for Notifying the Medical Provider
1. consult the medical provider if there is any question about whether to carry out treatment or other provision of the standing order
2. if client is not an adolescent or adult weighing at least 45 kg, consult medical provider for appropriate treatment.
3. if client reports a drug allergy for the medication provided in the standing order, inquire and document the type of reaction(s) the client has experienced before consulting with medical provider.
4. DO NOT ADMINISTER TREATMENT and consult the medical provider if any of the following conditions are present on examination:
   - acute abdominal pain or rebound tenderness on exam
   - adnexal tenderness on exam
   - cervical motion tenderness on exam
   - sustained cervical bleeding on exam or ANY reported vaginal spotting/bleeding by a pregnant client
   - oral temperature ≥ 101° F.
   - client has an IUD
   - scrotal pain or swelling
   - persistence or recurrence of symptoms greater than 3 to 5 days after initial treatment is completed and without re-exposure; or presents with repeat positive culture or positive NAAT at least 2 weeks after initial treatment is completed without re-exposure. Also contact the Epi-on-call with the Communicable Disease Branch to discuss possible testing for drug resistance

G. Follow-up requirements:
1. Return to clinic 14 days after treatment completion for test of cure (TOC) if gonococcal infection was of pharynx, regardless of treatment regime used.
2. Clients treated for a positive Gonorrhea test should be rescreened upon any encounter greater than 3 months to 12 months after treatment.
3. Assure disease reporting occurs via the NC EDSS with entry of lab test results and treatment information within 30 days.
4. Document the rationale in NC EDSS if the treatment given is not first-line or one of the alternative regimen recommended in the most current CDC STD treatment guidelines. Retreat all contacts if index case is determined to be a treatment failure by the medical provider. Consult the medical provider for individual orders for retreatment.

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____ Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)